



contact

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BREASTFEEDING FOR LIFE



INTRODUCTION

The abandonment of breastfeeding in favour of bottlefeeding continues to be a serious cause of illness, disability, and death in the world today.

Cow's milk formulas, originally created to solve specific problems in feeding a very few infants, have, for reasons of profit, been promoted worldwide as the "modern" way to feed human babies.

In this issue of CONTACT we sample the facts of the matter, the problems, and their solutions. Most of our material was provided by the Geneva Infant Feeding Association (GIFA) and its parent body, the International Baby Food Action Network (IBFAN). Founded in 1979, IBFAN, a coalition of voluntary organizations in both developing and industrialized nations, has worked tirelessly to promote breastfeeding and eliminate the irresponsible marketing of artificial infant foods.

We call on all CONTACT readers to become informed and involved in this issue as a part of their commitment to health for all.

COVER

WCC Photo: Peter Taylor
Sculpture by a Hungarian artist

BREASTFEEDING FOR LIFE

I. THE FACTS

Breastfeeding Facts for Life*

Babies fed on breastmilk have fewer illnesses and are less often malnourished than babies who are fed on other foods. Bottlefeeding is therefore a serious threat to the lives and health of millions of children.

Many mothers lack confidence in their own ability to breastfeed. They need the encouragement and practical support of fathers, health workers, relatives and friends, women's groups, the mass media, trade unions, and employers.

Presented here are the facts that mothers, their families, and their communities need to know.

1

Breastmilk *alone* is the best possible food and drink for a baby in the first four to six months of life.

From the moment of birth up to the age of four to six months, breastmilk is all the food and drink a baby needs. It is the best food a child will ever have. All substitutes, including cow's milk, milk-powder solutions, and cereal gruels, are inferior.

Even in hot, dry climates, breastmilk contains sufficient water for a young baby's needs. Additional water or sugary drinks are not needed to quench the baby's thirst.

Breastmilk helps to protect the baby against diarrhoea, coughs and colds, and other common illnesses. During the first four to six months, the protection is greatest when breastmilk alone is given to the baby.

Other foods and drinks are necessary when a baby reaches the age of four to six months. Until the age of nine or ten months, the baby should be breastfed before other foods are given.

Breastfeeding should continue well into the second year of life—and longer if possible.

Frequent breastfeeding, both day and night, helps to delay the return of menstruation and so helps to postpone the next pregnancy. But breastfeeding, on its own, is not a reliable method of family planning.

2

Babies should start to breastfeed as soon as possible after birth. Virtually every mother can breastfeed her baby.

Starting to breastfeed immediately after birth stimulates the production of breastmilk. If possible, breastfeeding should begin not later than one hour after the delivery of the baby.

In some countries, mothers are advised not to feed their babies on the thick yellowish breastmilk (called colostrum) which is produced in the first few days after the birth. This advice is wrong. Colostrum is good for babies and helps to protect them against common infections. The baby does not need any other food or drink while waiting for the mother's milk to "come in."

Many mothers need help when they first start to breastfeed, especially if the baby is their first. An experienced and sympathetic adviser, such as a woman who has successfully breastfed, can help a mother avoid or solve many common problems.

Almost all mothers can produce enough milk if:

- The baby takes the breast into his or her mouth in a good position.
- The baby sucks as often as he or she wants, including during the night.

The position of the baby on the breast is very important. A bad sucking position may be the

* From *Facts for Life*, WHO/UNICEF

cause of problems such as sore or cracked nipples, not enough milk, or refusal to feed.

Signs that a baby is in a good position for breastfeeding are:

- The baby's whole body is turned towards the mother.
- The baby takes long, deep sucks.
- The baby is relaxed and happy.
- The mother does not feel nipple pain.

Crying is not a sign that a baby needs artificial feeds. It normally means that the baby needs to be held and cuddled more. Some babies need to suck the breast simply for comfort. If the baby is hungry, more sucking will produce more breastmilk.

Mothers who are not confident that they have enough breastmilk often give their babies other foods or drinks in the first few months of life. But this means that the baby sucks at the breast less often. So less breastmilk is produced. To stop this happening, mothers need to be reassured that they can feed their young babies properly with breastmilk alone.

3

Frequent sucking is needed to produce enough breastmilk for the baby's needs.

From birth, the baby should breastfeed whenever he or she wants to—usually indicated by crying. Demand feeding is best for baby and mother, and frequent sucking at the breast is necessary to stimulate the production of more breastmilk.

Frequent sucking helps to stop the breasts from becoming swollen and painful.

"Topping up" breastmilk feeds with milk-powder solutions, cow's milk, water, or other drinks reduces the amount of milk the baby takes from the breast. This leads to less breastmilk being produced.

The use of a bottle to give other drinks can cause the baby to stop breastfeeding completely. The sucking action of the bottlefeeding is different from that of sucking the breast, and the baby will usually prefer the bottle because less sucking is required.



Photo by Jonas Jonson

The position of the baby on the breast is very important.

4

Bottlefeeding can lead to serious illness and death.

Cow's milk, milk-powder solutions, maize gruel, and other infant foods given by bottle do not give babies any special protection against diarrhoea, coughs and colds, and other diseases.

The best food for a baby who, for whatever reason, cannot be breastfed, is milk squeezed from the mother's breast. It should be given in a cup that has been sterilized in boiling water. Cups are safer for this than bottles and teats because they are easier to keep clean.

The best food for any baby whose own mother's milk is not available is the breastmilk of another mother.

If non-human milk must be used, it should be given from a clean cup rather than a bottle. Milk-powder solutions should be prepared using water that has been brought to a boil and then cooled.

Bottlefeeding can cause illnesses such as diarrhoea unless the water is boiled and the bottle and teat are sterilized in boiling water before each feed. The more often a child is ill, the more likely it is that he or she will become malnourished. That is why, in a community without clean drinking water, a bottlefed baby is 25 times more likely to die of diarrhoea than a baby fed exclu-

sively on breastmilk for the first four to six months.

Cow's milk or milk-powder solutions can cause poor growth if too much water is added in order to make it go further.

Cow's milk or milk-powder solutions go bad if left to stand at room temperature for a few hours. Breastmilk can be stored for at least 8 hours in a cool place, such as inside a clay pot, without going bad.

5

Breastfeeding should continue well into the second year of a child's life and for longer if possible.

Breastmilk is an important source of energy and protein, and helps to protect against disease during the child's second year of life.

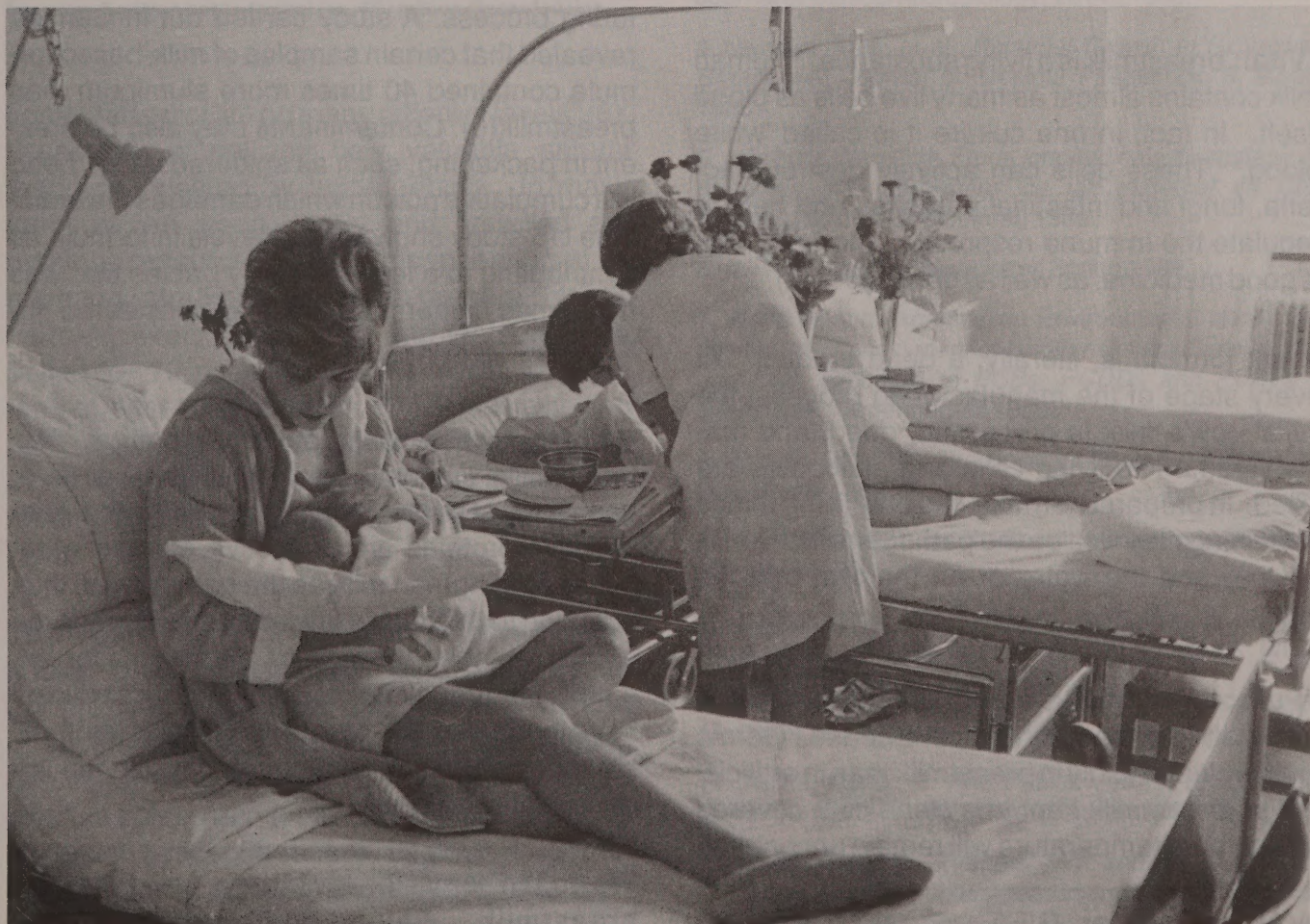
Babies get ill frequently as they learn to crawl, walk, and play because they are exposed to more germs. A child who is ill needs breastmilk. It provides a nutritious, easily digestible food when the child loses an appetite for other foods.

"Breast is Best" – Not Only for Developing Countries*

The fact that breastfed babies are significantly healthier than those fed with a formula receives strong support from one of the largest studies of its kind in North America, conducted by the Health Services of Calgary, Canada. A detailed survey of almost 98% of babies born in Calgary since the beginning of 1984 (11,000 babies a year) shows that the incidence of respiratory and gastrointestinal illnesses is "dramatically lowered among children whose mothers are breastfeeding them." Bottle-fed babies between four and six months old had twice as many respiratory and gastrointestinal illnesses as breastfed babies. The results show improvements in babies' health from breastfeeding, irrespective of socio-economic class.

*From an article in *The Medical Post*, October 7, 1986.

WHO Photo: E. Mandelmann
Breastfeeding in Sweden



Breastfeeding — Ecology With Love

Dr. Hiroshi Nakajima, Director-General of the World Health Organization, declared to the World Health Assembly in May 1989, "In the past ten years profound changes have been wrought in our environment...bringing increase of diseases, such as malaria, and destruction of the natural habitat....Natural resources are irretrievably lost, the health of populations is damaged, and the under-budgeted health services are left to bear the burden"(1). Baby Bottle Disease, or disease brought on by the improper use of infant formula, is one example of a man-made illness that is disastrously affecting health and the environment and, in the process, squandering a unique natural resource — breastmilk.

The ecological movement has adopted certain key words in bringing home its message of growth in harmony with the environment: vital, pure, natural. All of these can apply to breastfeeding as well, which is clearly concerned with the healthy development of the human species and draws on a pure natural resource without harm to the environment.

• **Vital:** breastmilk is a living substance. "Human milk contains almost as many live cells as blood itself. In fact, in one culture it is called 'white blood.' These cells can actively destroy bacteria, fungi and intestinal parasites and help to regulate the immune response....Mother's milk is good medicine, as well as good food" (2).

Infant formula is, literally, a dead product. At every stage of the manufacturing process, the initial cow's milk is processed, dried, and manipulated. The living cells and antibodies are killed. In prepared formula, the only living things remaining may well be the pathogens in the milk powder and the water or on the teat and the bottle.

• **Pure:** breastmilk is a pure product. It comes with built-in protection against disease. Germs multiply less rapidly in breastmilk than in artificial milks: breastmilk kept in a clean cup, covered and at room temperature will remain uncontami-

nated for up to 6 hours (3). Germs breed rapidly in artificial milk. Bacteria may already be present in the tin of formula. A study carried out in Holland found dangerous bacteria, for example, that which can cause meningitis and sepsis, in 52.5% of the formula samples, which came from sources as geographically separate as Belgium and Brazil, Japan and Uruguay (4).

According to the World Health Organization, even the fact that where insect-killers are used in the home pesticide residues have been found in mothers' milk is not a reason to stop breastfeeding. "Despite the presence of PCBs, PCDDs and PCDFs in human milk, breastfeeding should be encouraged and promoted on the basis of convincing evidence of the benefits of human milk to the overall health and development of the infant" (7).

In addition, each time the original product, cow's milk, is treated, by homogenization or freeze-drying or each time an ingredient is added to modify the composition, contaminants are accidentally introduced. Metals such as aluminum can contaminate formula during the manufacturing process. A study carried out in Canada revealed that certain samples of milk-based formula contained 40 times more aluminum than breastmilk(6). Contaminants may also be present in packaging, such as soldered cans. Lead is a cumulative poison which damages the brain: One US study showed lead levels in formula as contributing to a lead intake by babies that was nine times higher than the level considered the threshold of risk (7).

• **Natural:** what could be more natural than breastmilk, uniquely adapted to the needs of each baby at its particular stage of growth? Anti-infective proteins are protective elements that increase in human milk as the baby grows, thus adapting to the baby's environment. By the time a child reaches the age of 15 months, for example, immunoglobulin A in its mother's milk will have increased, the production of lactoferrin will have peaked, and the amount of lysozyme will have multiplied by six (5).

We "often forget or trivialize a key resource, breastmilk, which contributes to the



WCCPhoto: Peter Williams

For every 3 million bottle-fed babies, 450 million discarded tins.

conservation of life on many different levels" (8). Breastmilk is not the only valuable natural resource wasted by bottlefeeding. In many parts of the world, water and firewood are precious resources that are disappearing at an alarming rate. For a mother to prepare 6 feeds correctly every day, bottles and teats must be boiled for 10 minutes and the water for each feed at least 10 minutes(9). This totals a boiling time of up to 90 minutes per day. It takes 200 g of wood to boil one litre of water, so in one year feeding a child artificially will use up to 73 k of wood (10).

To prepare the feeds for a baby of three months it takes one litre of water a day, plus 2 litres to boil the bottles and teats, and more to wash and rinse the bottles. "...women [in developing countries] have too little water, too little fuel to sterilize bottles and feeds" (11), and once these essential precautions are neglected, germs multiply and diarrhoea and disease take their toll.

In other parts of the world, rubbish hills are rapidly turning into rubbish mountains. 'For every 3 million bottlefed babies, 450 million tins of formula are consumed. The resulting 70,000 tons of metal in the form of discarded tins is not recycled" (12).

Breastfeeding, on the other hand, is the best way of using scarce resources. By eating a little extra food and by drinking a little extra water, a woman produces the highest quality food for her baby: "The lactating mother is an exceptional national resource, for not only does she process coarse cheap food to produce a unique and valuable infant food, but also the production process of lactation provides measurable benefits to health..." (13).

1. Declaration to the World Health Assembly in May, 1989, by Dr. Hiroshi Nakajima, Director-General of the World Health Organization.

2. Maureen Minchin, *Breastfeeding Matters*, Alma Publications, 1985.

3. Mutyens, H.L. et al., *Quality of Powdered Substitutes for breast milk with regard to the Enterobacteriaceae*, Journal of Clinical Microbiology, 26 (4), 1988.

4. Nwanko, M.U. et al., *Bacterial Growth in Expressed Breast Milk*, Journal of Tropical Paediatrics, 8, 92-95, 1988.

5. Atta N'da Wamalah, *Etude longitudinale du contenu en proteines anti-infectieuses du lait maternel en Cote d'Ivoire*, Diplome de Doctorat, 1989.

6. *INFACT Canada Newsletter*, Spring 1989.

7. World Health Organization Environmental Health Series No. 29, *Assessment of health risks in infants associated with exposure to PCBs, PCDDs and PCDFs in Breast milk*, Copenhagen, 1988.

8. Palmer, Gabrielle, *The Politics of Breastfeeding* Pandora Press, 1988.

9. Instructions on a tin of Milumil (Milupa) purchased in Nigeria in 1989.

10. Gilman, R.H. and Skillikorn, P., *Boiling of drinking water: can a fuel-scarce community afford it?* WHO Bulletin, 1985, 63 (1), pp. 157-63.

11. Letter from Mexico, April, 1989.

12. Jelliffe, Derek, B. And Patrice Jelliffe, E.F., *Human Milk in the Modern World*, Oxford University Press, 1978.

13. Rhode, John E., *Mothers' milk and the Indonesian Economy, a major national resource*, Journal of Tropical Paediatrics, 28, (4), 1982.

II. PROBLEMS

Many Mothers Are Not Breastfeeding

Breastfeeding has declined in many countries. Why? There are many reasons:

- Social factors, such as migration of families to urban areas; more women working in settings not supportive of breastfeeding; the emergence of the feeding bottle as a status symbol.
- Practices in health care facilities which discourage breastfeeding, such as separating mother and baby; routine bottlefeeding; delay in introducing the baby to the breast.
- Inappropriate advertising and promotion of infant feeding products which, in turn, reinforce other causes.

These are all very real reasons for the switch from breastfeeding to bottlefeeding. And they illustrate real problems—problems whose solution is not necessarily the feeding bottle.

Wouldn't it be better to tackle the causes of the problems?

Wouldn't it be better to provide more community support for women and more adequate maternity benefits; to improve practices in health care facilities; and to restrict the promotion of bottlefeeding?

Millions of babies in developing countries have died from malnutrition and diarrhoea because mothers who had neither the money nor hygienic conditions to prepare infant formula safely have been led to believe, as a result of the promotional tactics of baby milk companies, that bottlefeeding was superior to breastfeeding.

Manufacturers give free supplies to hospitals and maternity centers. This leads to routine bottle feeding and turns many health care workers into indirect salespeople, mothers into dependent consumers, and babies into victims of Baby Bottle Disease, the term used to describe the condition brought on by the improper use of infant formula.

from Protecting Infant Health (see Useful Publications)

"The practice of giving free supplies is the industry's most damaging activity" says Action's national chairman Douglas Johnson.

"It creates the impression that health professionals recommend it. Once bottle feeding starts, breastmilk begins to dry up. When mother and baby leave the hospital there is a physical need to buy more formula."

Even if a mother does manage to mix formula safely, her baby will be more vulnerable to diarrhoea and other illnesses than a breastfed infant. Medical research has shown that breastfed babies absorb antibodies in their mother's milk that protect them against major diseases. They suffer fewer allergies, enjoy better jaw and teeth development, and are generally more contented.

"As many as 4-5 million children die every year and many more suffer nutritional consequences of diarrhoeal diseases even with all the advances in knowledge and technology during the last three decades."

•••••

"There can be no doubt in any of our minds that breastfeeding directly reduces diarrhoea mortality and morbidity in the young infant."

•••••

"We cannot ask a mother to boil the water she uses to make it safe, if we do not also consider from where she will get her fuel. And we cannot ask her to prepare a weaning food using ingredients she cannot afford or a recipe she cannot easily follow."

Dr. Hiroshi Nakajima
Director-General of WHO

(Press Release WHO/49, December 1988)

Statement to the Press

Dr. Roy Brown, Chairman
Department of Community Medicine
St. Joseph Hospital, Patterson, New Jersey, U.S.A.

28 June 1988

I want to explain what it is like to be a paediatrician, treating children who suffer from the effects of infant formula promotion to their mothers. I also want to explain the kind of pressures that are put on health workers by the infant formula industry.

I was in Ethiopia recently. One of my patients was an infant who was severely malnourished and iron-deficient. I questioned her mother about how she was feeding the child and she proudly showed me a single tin of Nestle's Lactogen. This woman simply could not feed her child safely on formula. She had no access to water pure enough to feed to a newborn. There was no way to keep the bottle clean enough to safely put it in the mouth of a newborn. And she had nothing like the amount of money that it would cost to buy enough Nestle's Lactogen to nourish her child; the child was malnourished because the mother had been diluting the formula. Yet this mother was proud of her tin, believing that she was doing the best for her child.

I am glad to say that this story has a happy ending. We were successful at getting the mother to re-lactate, and we saved the baby's life by throwing away the Lactogen and helping the mother to breastfeed her child.

Not long ago I worked in Honduras, on a national breastfeeding promotional effort. During one meeting some of the healthworkers brought me to their hospital and showed me the "banco de leche" - the milk bank. "Great," I thought, "a supply of breastmilk in the hospital." But when my colleagues opened the doors what I saw instead was case after case, row after row, of Nestle - supplied infant formula.

There is absolutely nothing that impedes more a maternity ward nurses' ability to help mothers of newborns to breastfeed than the ready availability of piles of infant formula. And this method of feeding which seems to the mother to be easy, free, and recommended by the hospital becomes a nightmare outside where she has to

pay for it and try to find clean water and sanitary conditions in order to prepare it.

Dumping supplies, especially in under-resourced third world hospitals, puts health care workers into the position of being de-facto sales people for the formula companies. In my experience as a paediatrician working in Africa, Asia and Latin America, I have seen thousands of cases of severe infant malnutrition and diarrhoea among infants whose mothers have been persuaded by company promotion that formula is superior to breastfeeding but who have neither the money nor the hygienic conditions to prepare the formula safely to feed their children. This is the Bottle Baby Disease. The tragedy is that the malnutrition I have witnessed during these thirty years of practice, is almost totally preventable: Breastfeeding is free, safe, and absolutely the best methods of infant feeding.

Dr. James Grant, Executive Director of UNICEF, made this statement in 1981: "If all of us in the international community who are working to promote and protect the practice of breastfeeding are successful in our efforts, we will save one million infant deaths each year in the 1980s."

From my experiences, I must report that we will not have realized that goal by the end of the 1980s. I sincerely hope that we can begin the next decade with our hospital maternity wards free of supplies donated by the industry leaders, Nestlé and American Home Products, for the sake of the health of the world's children.

*Dr. Brown has been a practicing paediatrician for 30 years. He has worked in over 30 countries in Africa, Asia and Latin America. He holds an AB and an MD from Columbia University, a diploma in Tropical Medicine from the University of London, and a Public Health degree from the University of North Carolina. He is the author of *Starving Children, the Tyranny of Hunger* as well as 75 papers and chapters in other books. He has spent 19 years on medical faculties and 11 years on public health and graduate school faculties. He has consulted with many international groups, including FAO and UNICEF.*

The Hidden Costs of Bottle Feeding

“Health care providers should help to ensure that women who choose not to breastfeed fully understand the financial implications of their decision”. This extract from a UNICEF position paper on breastfeeding, dated July 1989, highlights the increasing concern over the impact of bottlefeeding on household finances. In many countries, while the price of infant formula is rising, incomes have fallen. For the mother who has started to bottlefeed while in hospital, once the growing baby starts to need more infant formula, after the age of two months, the choice is often stark: either the rest of the family eats less well or the tins are made to last longer by diluting less milk powder in more water. In either case, the risk is the same—malnutrition and disease for family members.

In **Somalia**, even a doctor’s salary will buy less than two tins of formula a week. In many cases, mothers stretch the milk powder to make one tin last two whole weeks. In **the Philippines**, a community study concluded that “Bottlefeeding begets malnutrition which besets the whole Filipino family... “The infant feeding crisis has been felt tremendously, in particular in the lives of urban poor families, in particular by the Filipino mother with an infant. This is aggravated by the deprivation of the mother’s ability to harness her own natural resource through breastfeeding: the mother is unfortunately enticed by media advertising, influenced by some health professionals and hospitals to believe that bottle feeding is scientific, sophisticated, a status symbol. One-fourth of the average family income covers the maintenance of bottlefeeding expenses. For an average Filipino family, with six members earning a monthly income of US\$40, about US\$10 goes to the milk companies. This does not include the medical expenses when the baby gets sick”.

Similar figures are available for **Pakistan**, **Niger**, and **Brazil**. Even in affluent **Gabon**, the cost of bottle feeding an infant on

From the International Baby Food Action Network

Pregallia(Gallia) takes 25% of an average wage.

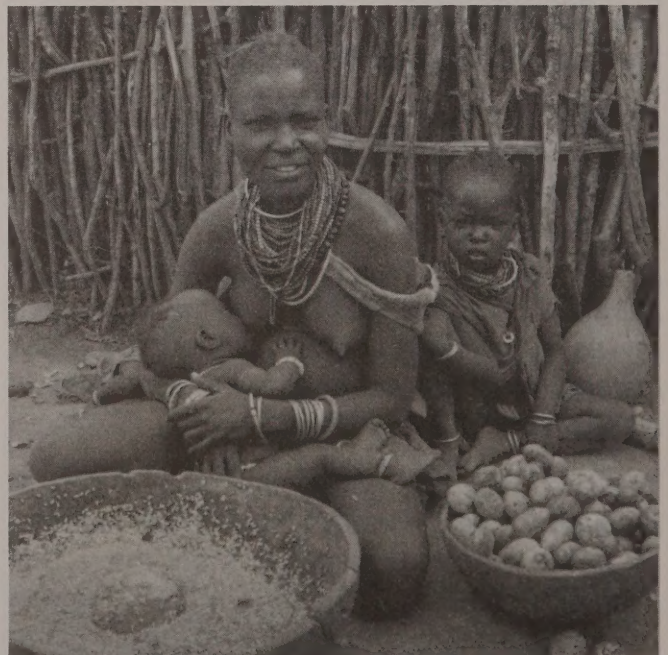
But what do these figures mean to the family’s food basket? Surveys in African countries and the Middle East carried out in 1989 aimed to find out how much nutritious food for the whole family could be purchased for the same price as formula. The results showed that a 450 g tin of formula which would last the baby for three days cost the same as two protein-rich main meals for a family of four to six.

In **Ghana**, for example, one tin of Lactogen (Nestlé) costs the same price as 1 kilo of pork, plus 1 kilo of beans, plus 1 kilo of groundnuts. For the price of one tin of SMA (Wyeth) a family could purchase 8 kilos of maize, 1 kilo of fish and 1 kilo of beans. A tin of Similac (Abbott Ross) costs as much as 1 kilo of fish, half a kilo of beans and three kilos of maize.

Bottle feeding is a major cause of malnutrition in infants. Rehabilitation of all the malnourished infants in Ghana in the early 1980s would have cost about US\$1 million. If malnutrition is not treated, mental and physical handicap results.

Facts and figures do not show the suffering caused, which cannot be calculated in terms of money and goods.

WCC Photo: Peter Williams
Breastfeeding in Uganda.



Help Is Not Always Helpful

A paediatrician working in **Mexico** writes, "One of the most critical problems I have faced since I started to work among refugees and the poor peasant population near the Guatemalan border is the increasing use of bottles. In spite of the educational programmes undertaken by different working groups in the area, Indian women tend to replace breastmilk with powder skim milk and rice flour supplied by United Nations High Commission for Refugees (UNHCR) through a national organization. Large amounts of powdered milk in 23.5 k. sacs are provided monthly to all refugee camps.

"For more than two years there were high rates of malnutrition and infant mortality. Now, even though there is adequate food, extreme cases of malnutrition, often associated with death, are still widely found. The main cause is the widespread use of bottles for infant feeding. Many mothers tend to use rice flour alone or combined with skim milk.

"Diarrhoea is the most frequent cause of death among infants living in refugee camps as well as among the Mexican population in the area. In spite of these facts, the Mexican government has signed an agreement with the US based organization CARE for the donation of more than 50,000 tons of skim milk, to be distributed in the regions of the country. This donation, as well as donations of maize, may support the U.S. farm economy, but for Mexico will cause enormous economic damage, increase our dependence and discourage local production."

Editor's Note: see page 17 for UNHCR guidelines on the use of powdered milk.

A survey carried out in **Italy** by a parents' magazine shows that in spite of good general breastfeeding promotion, hospital routines make it difficult for mothers to breastfeed.

When asked why they stopped breastfeeding too soon, 25% of the mothers said it was difficult for them to fit into the routine, 18% said they did not have enough milk, 8% said the baby did not suck properly.

The survey shows that in Italian maternity wards babies are nearly always separated from their mothers. They are cared for in different sections of the hospital and are brought to the mother at fixed intervals. A third of the mothers have their babies for less than 3 hours a day. Nurses have no adequate knowledge about breastfeeding and offer supplements of formula as well as sugar water to breastfeeding babies.

Samples of baby milk are sent to the hospital even though they are not requested. As in all European countries free samples of infant formula are also given directly to mothers by the manufacturers.

III. WHAT CAN BE DONE

Ten Steps to Successful Breastfeeding*

Every facility providing maternity services and care for newborn infants should:

- ✓ Have a written breastfeeding policy that is routinely communicated to all health care staff.
- ✓ Train all health care staff in skills necessary to implement this policy.
- ✓ Inform all pregnant women about the benefits and management of breastfeeding.
- ✓ Help mothers initiate breastfeeding within a half-hour of birth.
- ✓ Show mothers how to breastfeed, and how to maintain lactation even if they should be separated from their infants.
- ✓ Give newborn infants no food or drink other than breast milk, unless medically indicated.
- ✓ Allow mothers and infants to remain together 24 hours a day (rooming-in).
- ✓ Encourage breastfeeding on demand.
- ✓ Give no artificial teats or pacifiers (also called dummies or soothers) to breastfeeding infants.
- ✓ Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital or clinic.

From Protecting, Promoting and Supporting Breast-Feeding, WHO/UNICEF

Citizens' Groups Join Boycott

Citizens' groups in Ireland, Switzerland, the Netherlands, Germany, Sweden and the United States have joined a boycott against all products of the Nestlé Company until it stops giving free supplies of its breastmilk substitutes to hospitals and maternity homes and complies with all other conditions of the marketing code adopted by WHO. Although several manufacturers disregard the code, the Nestlé Company was targeted because of its major share of the market.

Christian Medical Commission: A Letter Sent to the Churches

February 1989

Dear Friends,

After having monitored the infant feeding situation and marketing practices of corporations for 10 years, and having done a thorough study in several countries during 1987/1988, activist groups (Action for Corporate Accountability, International Babyfood Action Network and International Negotiators for Babyfood Code Compliance) decided to call for a new boycott of the Nestlé Corporation on October 4, 1988. Their research, together with statistical material from many sources (e.g. UNICEF on infant morbidity and mortality), had revealed that much had still to be improved to give infants a better chance in life.

Many hospitals and maternity wards still do not practise rooming-in with breastfeeding on demand, but keep the babies in big nurseries where they are bottle-fed at regular intervals. Many institutions still let the sales staff (medical representatives) of the industry into the wards to meet mothers. Large amounts of infant formula continue to flow into the health institutions at no or minimal charge. And thousands of infants die every year due to bottlefeeding-related diseases.

It is really time to take a serious look at the feeding practices in Church-related hospitals to make sure they are not used by the industry to promote their products, but that they are actively promoting and protecting breastfeeding as the best way to feed an infant during the first 4-6 months of life, to give him a healthy start to life.

We encourage you to urge all church-related health institutions in your network to review their practices and when necessary adjust them to better protect the health of infants in their care.

We wish you every success in your efforts and thank you for your collaboration.

Yours sincerely,

Birgitta Rubenson, RN, MPH
Programme Secretary
Christian Medical Commission

Malaysia: Breastfeeding at the Workplace

The trend for working mothers to breastfeed their infants at work is gradually catching on in the Malaysian capital, Kuala Lumpur. Several organisations, including the General Hospital and the National Population and Family Development Board have provided facilities for mothers among their staff to breastfeed their babies.

The Health Ministry has been trying for a long time to encourage working mothers to breastfeed. In an educational booklet, the ministry advises mothers to "by all means take your babies to work if your employer can provide a room for babies to stay."

A staff nurse of the General Hospital's Maternity Department said that by being able to bring their babies to the workplace, mothers will have little to worry about and concentrate better. "It will increase the mother's productivity, which is a plus factor for her employer", she said.

From New Strait Time

Brazil: New Breastfeeding Programme

The Ministry of Health in Brazil has adopted a new Breastfeeding Promotion Programme for 1987-1990. Among its goals are the following:

- to include teaching breastfeeding in all schools,
- to start 15,000 new mother-support groups
- making at least 60% of all employers implement maternity legislation including breastfeeding breaks,
- to make all food manufacturers implement the WHO/Brazil Code entirely,
- to establish human milk banks in 60% of maternity and child hospitals,
- to give breastfeeding management training to 30,000 health workers,
- to set up a Latin American Information Centre on Breastfeeding.

In December, 1988, the Brazilian government

adopted a code for marketing breastmilk substitutes which includes monitoring of sales promotion by consumer and health groups.

Correspondence Consumer Currents

Germany: Midwives Pledge to Fight for Breastfeeding

The following important decisions were announced by the delegates of the Association of German Midwives (Bund deutscher Hebammen = BDH):

- 1) No members of the BDH Board will accept any presents from companies for personal use or distribution to members of the association.
- 2) The Board call on all BDH members not to become company sales agents by distributing samples, particularly of artificial milk, to pregnant women and parents.
- 3) BDH members shall be informed about the WHO Code, related to this issue, which was voted for also by the Federal Republic of Germany.

The Board was requested to approach the Federal Parliamentary Committees to transmit the BDH call for an implementation of the WHO Code into binding law.

Switzerland: Mother-to-Mother Support Group

"Our hospital referred my sister-in-law to a nursing mothers' group in Geneva as soon as she was found to be pregnant. All through her pregnancy, concerned mothers visited her to give her advice on breastfeeding. When her baby was born they helped her learn how to breastfeed and encouraged her. In the beginning it was difficult, especially when the nipples got sore or the breasts were painfully engorged. But when she felt like giving up the support from the other mothers inspired her to continue. Now she is a happy nursing mother."

*Gabrielle Vuagniaux
Geneva*

Working Mothers and Breastfeeding

"The Industrial Revolution of the Western world in the 19th Century meant a sudden change for much of the population from a subsistence economy to wage earning. It also meant that many mothers with babies had to work away from home - most often in factories - in order to earn enough to survive. All these changes created a potential market, though not an outright demand, for feeding bottles and commercial infant food, the first of which were marketed more than a 100 years ago." (Helsing, 1982)

Thereafter, in industrialized countries breastfeeding was largely replaced by bottle-feeding with cow's milk formula. In the 1970s it became recognized widely that this trend was detrimental to infants' health and there was a resurgence of breastfeeding. But more than a decade of campaigning against-the-bottle and for-the-breast has hardly touched on the original assumption of the impossibility of women combining jobs with breastfeeding. Work place conditions are accepted as unalterable.

While the assumption prevails that working mothers need to use baby formula, in the 1980s another more pernicious attitude has emerged. Women are now being told that it is their duty to breastfeed their babies and that they should be prepared to sacrifice their earnings from paid employment in the interests of child health. The responsibility of government and of employers is thus ignored and the responsibility for breastfeeding placed on women alone.

Responsibility of Governments

In 1977 Jeliffe published a sensitive summary of the many dimensions of the breastfeeding issue in the context of women's needs, pointing out that "the need for governmental help to mothers of young children cannot be over-emphasized. **Consideration should be given to the benefits accruing to the family and society generally, if the mother is paid to**

stay home to fulfil her maternal role at this crucial time in her child's life and she can resume her working role when the main crisis has ended. In certain Eastern European socialist countries some favourable patterns of leave extension have been developed with this purpose in mind.

IRA GOES TO WORK

by Ira's mother

Ira goes to office with her mother. Eight hours a day. Five days a week. For a month now. And Ira is three months old.

Fastened to her mother by a baby carrier, Ira has been going places since she was a week old. The sight of mother and daughter certainly attracts the attention of many people. Some raise their eyebrows: "How could the mother expose such a delicate thing to the elements?" Others are amused: "Ay, and kyut naman!" ("Don't they look cute together?")

But Ira could not care less. She knows that Her mother's milk equips her to stand the vigors of everyday's life. She likes going to work with her mother. She can have her mother's milk anytime she needs it.

At her birth on 6 December 1986, Ira was named Sierra Francesca C. Ben. Her parents, Raul and Imelda, decided that Ira should get nothing but the best.

Ira did not experience the trauma of birth. She was not groggy when she came out of her mother. Imelda was not given anaesthesia, since she had opted for natural childbirth.

Soft lights, peace and quiet, a warm bath - Ira didn't find it hard to adapt to her new environment. And most of all, she could suck her mother's breast a few moments after birth.

Imelda, a doctor, believes that a baby gets a better start in life if she is breastfed. So, after her 60-day maternity leave, Imelda bundled up Ira and off they went to the office.

Based on an article by Vimal Balasubrahmanyam in *Background Papers*, produced by BUILD Documentation Centre Collective, Bombay, India

"It is significant that in the past two decades changes have occurred in many countries which are favourable to the encouragement of breastfeeding among working women. However, much still remains to be done to strengthen and enforce legislation. **Countries in which there is no provision for either**

maternity benefits or nursing breaks should be challenged openly by influential leaders in various fields for their denial of human rights to both mother and child. It must be accepted that more women are yearly joining the workforce; they do so for the same reason as do their male counterparts—economic stability, upward mobility, continuing education process, among other factors...but discriminatory practices, although slowly changing still persist in many countries and denial of their right to breastfeed at work is discriminatory.

"The sacrifices that a full-time working woman makes to provide for her infant the ultimate in good nutrition cannot be underestimated, both in the emotional, physical and economic plane. In free enterprise countries, trade union leaders and consumer groups should put pressure on employers so that they meet their responsibilities towards the nursing mothers, and so that programmes may be as successful as they seem to be in centrally directed economies."

At a workshop convened by the International Planned Parenthood Federation (IPPF) in Italy in 1977 the following recommendations were made (Helsing 1982):

- 1) A minimum of three months of maternity leave;
- 2) Two one-hour paid nursing breaks daily over and above the specific rest-periods granted to workers in general;
- 3) Establishment of child day-care facilities at the work place for babies over three months of age;
- 4) Flexible working schedules as well as the option of part-time work or taking work home if feasible.

Help from the Health Care System

The problems considered so far relate to the working mother's return to her job. Information and support are necessary for women to have confidence in their ability to breastfeed. Elisabet Helsing stresses the need for transforming the health-care system to make it more supportive of breastfeeding mothers:

"The education of health workers, especially doctors, about managing breastfeeding has

The office is BUNSO, an organization advocating breastfeeding. After feeding time, Ira goes to sleep and Imelda goes about her functions as part of BUNSO's medical team. Sometimes, Ira accompanies her mother to meetings. During the recent GABRIELA meeting last 20 February, she became the youngest attendee. Ira also goes to community work, the under-six clinic in Commonwealth, Quezon City. Sometimes, her mother leaves her in one of the mother-counsellor's houses and she gets her feeding from a wet nurse.

There are also times when Imelda can't bring Ira with her. When she goes to market, her mother asks a niece who also has a baby, to nurse her. In turn, Imelda breastfeeds her niece's baby when the latter has to go out.

Bringing Ira to office frees Imelda from worrying about the baby. "Malaking gin-hawa para sa akin." So she does her office work more effectively and efficiently.

Raul is very supportive of his wife's undertaking. First, he involved himself in Ira's birth as Imelda's coach during the intense stages of labour. He sees to it that Imelda is not bogged down by household worries by doing his share at home. He takes care of Raul Andrei, their three-year old son, so the boy won't feel left out, as is natural, by all the attention, accorded the baby.

Ira soon found new friends when Daryl, son of Remia Aragona, and John Louis, son of Pureza Jaoud, joined the BUNSO creche when their mothers returned to office in April.

been sadly neglected. If health workers want to know, they usually have to find out for themselves. But the subject is accorded such low status that many do not want to know, and do not realise that there is anything that they could usefully learn. Medical school curricula rarely cover either the techniques or the problems of breastfeeding—or even the physiology and anatomy. The obstetrician leaves it to the midwife, nurse or auxiliary. Nurses are mainly taught how to prepare artificial feeds. It is assumed that a mother should be able to breastfeed ‘naturally’ by herself, and that if she has problems they can only be solved with a bottle. Many difficulties at first sight seem to be a matter of ‘too little milk’.

In a busy health centre, the easiest solution for the nurse or auxiliary who is dealing with these problems is to put a free tin of formula and a feeding bottle into the mother’s grateful hands and tell her how to use them. This takes the nurse five minutes, whereas to help a mother to regain her milk supply may take half-an-hour or more of coaxing, every day for perhaps a whole week.” (Helsing 1982)

Health personnel who are staunchly in favour of breastfeeding and who also understand the problems of working mothers can do much by way of suggestions and support. Dr. R.K. Anand describes some steps taken in a Bombay hospital:

“Those in domestic service or without leave were encouraged to make the necessary arrangements to enable the baby to continue to get breastmilk. Either they could return home to feed the baby or express the milk and leave it behind to be given to the baby by whomsoever was responsible for its care. Mothers were carefully shown how to express their milk and were instructed that breastmilk could be kept, even without refrigeration, as well as, if not better than, other milk. We also told mothers that they could breastfeed in the morning and at night when they were at home. We found that once they had been motivated to organise themselves in this way, convinced that it was important, their babies increased their intake of milk at night and slept longer hours when the mother was away.” (Anand 1981)



WHO Photo: J. Mohr

A nurse shows a mother in Turkey how to breastfeed her baby.

Women are often regarded as a liability in the labour force because of their maternal function. A government or employer which subscribes to this viewpoint is not likely to take any initiative in the matter of providing breastfeeding facilities at the workplace. Statements by government delegates eulogizing the benefits of breastfeeding at the World Health Assembly in Geneva do not mean that back home anything is going to be done to implement International Labour Organization norms on this subject.

While waiting for governments to act, church and other non-governmental hospitals, health programmes, schools and other programmes should examine their own policies and lead the way toward regulations that foster breastfeeding among their own employees.

Cow’s milk is a recognized source of income and profit, while the profit from human breastmilk is not readily measurable in tangible terms. It might therefore be more pertinent today to emphasise that a breastfeeding mother needs as much attention and consideration as a cow in milk, that breastmilk is priceless in its value to

society and the citizens of tomorrow. The indifference of governments to introduce social and maternity protection legislation may partly be explained by this conflict in economic interest.

“The question of including breastfeeding within the context of national nutrition policy planning has not yet been properly posed.” (Helsing, 1981). A clear-cut infant feeding policy is the concern not only of the Health Minister, or of the Social Welfare and labour departments, but also of policy makers in other branches of the government concerned with dairy farming and the marketing of milk products. In the international baby food controversy, the multinationals and their unethical practices have been the target of attack, and rightly so. But it should not be forgotten that many countries have flourishing dairy industries which are producing their own brands of baby food. “The products would inevitably have to be sold.”

Will a government, then, be more interested in the promotion of a revenue-earning dairy product or in allocating funds for making breastfeeding feasible through maternity support systems? Herein perhaps lies the answer to governmental indifference, not only to maternity protection but also to effectively curbing baby food promotion.



UNICEF Photo: Jack Ling
Breastfeeding in Nepal

Why a Marketing Code?

Professor I. Dogramaci, representative of Turkey at the 1981 World Health Assembly said, "It has been recognized that improper marketing of breastmilk substitutes can lead to inappropriate feeding practices resulting in malnutrition, illness and death. We strongly believe that it is imperative to make sure that the marketing of these products does not encourage mothers capable of breastfeeding to bottlefeed instead. To this end, an international code for the marketing of breastmilk substitutes is an extremely important step."

In May 1981, the World Health Assembly overwhelmingly approved such a code by 118 votes to 1. The lone vote against the Code came from the U.S., which was concerned that the Code might have a detrimental effect on US business.

The Code was approved as a recommendation for governments to implement in their own national settings. It was seen as a minimum

requirement to protect healthy practices in respect of infant and young child feeding. Governments were urged to implement the provisions of the International Code in their entirety.

Countries which have so far adopted the International Code are Mexico, Peru, Kenya, Philippines, Sri Lanka and Guatamala. In 24 other countries parts of the Code have been adopted, while it is implemented as a voluntary measure in 11. Thirty-five countries are in the process of developing related legislation.

WCCPhoto



Summary of the International Code

1. No advertising of breast milk substitutes, bottles or teats to the public.
2. No free samples to mothers.
3. No promotion of products in health care facilities.
4. No company "mothercraft nurses" to advise mothers.
5. No gifts or personal samples to health workers.
6. No words or pictures idealizing artificial feeding, including pictures of infants on product labels.
7. Information to health workers should be scientific and factual.
8. All information on artificial infant feeding, including the labels, should explain the hazards associated with artificial feeding.
9. Unsuitable products, such as sweetened condensed milk, should not be promoted for babies.
10. All products should be of a high quality and their use should take into account the climatic and storage conditions of the country where they are used.

UNHCR Guidelines

In July 1989, the United Nations High Commissioner on Refugees sent a memo to all home and field office staff with instructions regarding the distribution of milk in emergency situations. Included were the following directives:

- The use of milk products in refugee camps must be in conformity with the WHO policy regarding safe and appropriate infant and young child feeding.
- Dried milk may be distributed in dry, take-away form only if previously mixed with cereal flours to prevent the possible misuse of milk powder for infant feeding.
- The only possible exception to this will be to groups who have traditionally used milk as a central component to their diet (e.g., nomadic populations). In such cases, usage must be monitored, and if there is any indication of its use

as a breast milk substitute (e.g., infant feeding bottles), distribution of milk powder should be discontinued.

- Infant formula distribution should be discouraged in refugee relief settings, even in cases of difficult lactation. Re-lactation should be attempted by caring for and encouraging the biological mother. Failing this, wet nursing should be considered as a first feeding alternative, and even supported with payment in kind, if necessary.
- When breastmilk is not available, a suitable breastmilk substitute must be provided, together with clear instructions to those who need to use it, on proper hygienic mixing and use for feeding with a cup and spoon. Infant feeding bottles and teats should not be used under any circumstances.

Photo by Rolf Hamark

When breast milk is not available, the use of a cup and spoon is much safer than a bottle.



AN OPEN LETTER

THE MEDICAL ADVISORY BOARD ACTION FOR CORPORATE ACCOUNTABILITY

7 July 1989

TO UNICEF AND THE WORLD HEALTH ORGANIZATION

We wish to convey our gratitude and support for the leadership of the World Health Organization and UNICEF in the protection and promotion of breastfeeding. Your efforts to implement and clarify the 1981 WHO/UNICEF International Code of Marketing of Breastmilk Substitutes through your sponsorship of the 1985 Expert Consultation and the enactment of Resolution 39.28 are especially helpful and important. We note the importance of the Code's universal application, in both the developed and the developing world.

Because of our own experience and our support for the efforts of UNICEF and the WHO we wish to make a statement regarding the current controversy about the industry practice of providing promotional formula supplies to hospital maternity wards.

We know that you and many other groups concerned with the health of infants have concluded that the provision by formula manufacturers of free/subsidized infant formula supplies to hospitals and maternity wards undermines the initiation of breastfeeding and, therefore, ultimately, endangers infant health. We strongly agree with these findings.

We respect, and certainly agree with, the interpretation of the Code's Article 6.6 (on formula supplies) as articulated by Dr. Halfdan Mahler, the WHO Director General at the time the Code was enacted, which concludes that:

...the institutions and organizations mentioned in Article 6, paragraph 6," (which says that "Donations or low price sales to institutions or organizations of supplies of infant formula...may be made") "were intended to mean orphanages and similar social welfare agencies. They were not intended to refer to direct health care providers, that is to say health care facilities such as hospitals and maternities...

We also heartily endorse the findings of the 1985 WHO/UNICEF Expert Committee, which included this statement:

The routine availability of breastmilk substitutes, which are not only unnecessary but potentially dangerous because they could increase the likelihood of their being used to the detriment of breastfeeding, should not be permitted in maternity wards and hospitals. Since only very small quantities of breastmilk substitutes are ordinarily required to meet the needs of a minority of infants in these facilities, they should be acquired through normal purchasing channels. Maternity wards and hospitals should not be recipients of free or subsidized supplies of breast milk substitutes.

We also note that the Code's Article 6.6 specifically prohibits any distribution of free formula when the manufacturer's purpose is sales inducement.

From our own experience as medical professionals we believe that supplies of free formula in maternity wards serve no charitable interest. Their purpose is promotion. We think that infant food manufacturers have an independent responsibility to end this commercial promotion.

From our experience as medical practitioners we recognize that an important obstacle to the full implementation of the WHO/UNICEF Ten Steps to Successful Breastfeeding is the influence of the breastmilk substitute industry in the maternity services, most particularly, through the continued practice of formula supplies deliveries.

We endorse not only your efforts, but also those of the International Baby Food Action network, the International Nestle Boycott Committee - Europe, and Action for Corporate Accountability in those groups' attempts to urge the industry leaders, Nestle and American Home Products, to comply with the Code and end their free/subsidized formula supplies programmes.

We whole-heartedly urge you to continue your excellent leadership in the area of breastfeeding protection and promotion.

Signed:

Dr. Roy Brown
Medical Director, Blythdale Children's Hospital, Valhalla, N.Y.
Dr. Allan Cunningham
Department of Paediatrics, Imogene Bassett Hospital, Cooperstown, N.Y.
Dr. Derrick Jelliffe
Head, Division of Population & Family Health, School of Public Health, UCLA
Patrice Jelliffe
Lecturer and Researcher in Public Health, School of Public Health, UCLA
Dr. Michael Latham
Professor of International Nutrition, Cornell University

WHAT CONTACT READERS CAN DO

The 35,000 readers of CONTACT can begin wherever they may be to remove the conditions which prevent breastfeeding.

Mothers, their families and their relatives can resist the pressure to "join the crowd" or "do it the modern way" by being informed and committed to breastfeeding their children.

Experienced mothers can offer to help new mothers to learn breastfeeding techniques.

All readers can contact their elected representatives in government to inform them of the facts and the problem and find out what law-makers have done on the matter. If nothing has been done, **encourage them to adopt an infant formula marketing code in your country.**

You can contact the Ministry of Health in your local, state and national capitals to find out what the policy is on breastfeeding in their institutions and provide policy makers with information when needed.

If you are a nurse or other health worker associated with a church-related health programme **make sure that the staff have clear, effective policies on breastfeeding.**

You can seek opportunities to talk with maternity and newborn nurses about the importance of encouraging and supporting breastfeeding in newborn nurseries.

You can attend meetings of women, youth, churches, etc., to raise the issues and present the facts.

You can consider whether or not you want to buy the other products of infant formula manufacturers who are promoting bottlefeeding. For more information write to *Action for Corporate Accountability*, 3255 Hennepin Avenue South, Suite 255, Minneapolis, MN 55408, USA.

You can report manufacturers' violations of the International Marketing Code to the *Nestlé Infant Food Audit Committee* (NIFAC) at the following address:

Suite 900, 1101 Vermont Avenue NW,
Washington, D.C. 20005, USA

For more information on breast feeding write to:

Geneva Infant Feeding Association
Box 157, 1211 Geneva 19, Switzerland,

or

IBFAN, PO Box 1045,
10830 Penang, Malaysia

or

IBFAN Africa
PO Box 34308, Nairobi, Kenya

or

IBFAN/CEFEMINA
Apt. 949, San Jose 1000, Costa Rica



WHO Photo: J. Huddleston
Close, caring contact between mother and child helps create an important bond.

USEFUL PUBLICATIONS

PROTECTING, PROMOTING AND SUPPORTING BREASTFEEDING: The Special Role of Maternity Services

This joint WHO/UNICEF statement has been prepared to increase awareness of the critical role that health services play in promoting breastfeeding and to describe what should be done to provide mothers with appropriate information and support. It is intended for use, after adaptation to suit local circumstances, by policy makers and managers, as well as by clinicians, midwives and nursing personnel.

Focusing on the brief period of prenatal, delivery and perinatal care provided in maternity wards and clinics, the statement encourages those concerned with the provision of maternity services to review policies and practices that affect breastfeeding. It outlines practical steps that can be taken to promote and facilitate the initiation and establishment of breastfeeding by mothers in their care. Sf5.

WEANING FROM BREAST MILK TO FAMILY FOOD: A Guide for Health and Community Workers

This booklet is for health and other community workers and their trainers. It is about feeding young babies during weaning, i.e. during the time when mothers start to breastfeed less often, and start to give their babies the foods eaten by the rest of the family.

The booklet will help community workers ensure that mothers know what types of food a young baby needs. It gives details of how to prepare nutritious weaning mixes that will keep the baby growing at a healthy rate.

The booklet also contains information on how to store weaning foods safely, to keep them free from germs that can cause infection. Sf9

BREASTFEEDING AND CHILD SPACING: What Health Workers Need to Know.

World Health Organization, Geneva, Switzerland, 1988

Both breastfeeding and child spacing are now recognized as crucial to child survival. For many years there was scepticism about the role of breastfeeding in contraception, but there is a growing recognition that breastfeeding is family planning. In 1988, a WHO group of experts provided a statement on the conditions under which breastfeeding could be used as a safe and effective method of family planning. Couples may choose to use breastfeeding as a child spacing method in its own right, for in many countries the effect of breastfeeding is for women to have on average five fewer children during their reproductive years, with birth intervals of up to 30 months, or as a means of delaying the introduction of other family planning methods.

The mechanisms for the family planning effect of breastfeeding are explained in an attractive, illustrated booklet obtainable from the World Health Organization. Sf6

All of the above available from:

*Maternal and Child Health,
World Health Organization,
1211 Geneva 27, Switzerland*

BREASTFEEDING: THE PASSPORT TO LIFE

This 97-page book contains the proceedings of a 1988 meeting on the subject, sponsored by the NGO Committee on UNICEF Working Group on Nutrition and the National Council for International Health (USA). It contains useful information on all aspects of breastfeeding. Available from UNICEF House, 3 United Nations Plaza, New York, New York 10017, USA at US\$14.00 per copy.

PROTECTING INFANT HEALTH: A Health Workers' Guide to the International Code of Marketing Breast Milk Substitutes

Just what the title says, this 45-page booklet provides an excellent, illustrated explanation of the infant formula marketing problem, the International Code, and what action health workers can take. It is available in English, French, Spanish, Thai, German, Portuguese, Arabic, Indonesian and Chinese.

One copy by sea mail free, multiple copies US\$1.50

Available from:

*International Organization of Consumer Unions
P.O. Box 1045,
10830 Penang, Malaysia.*

BREASTFEEDING BRIEFS

This is a news sheet with abstracts of current breastfeeding literature. Published 4 times a year in English, French, Portuguese and Spanish.

Available free of charge from: *IBFAN, Geneva.*

TRAINING FOR PRIMARY HEALTH CARE

The World YWCA has produced this manual for community-based organizations in both developing and industrialized countries.

Encouraging a move away from a top-down approach to development, the manual outlines step-by-step how to assist community members to define their needs, seek solutions, and mobilize the necessary resources. The manual is a breakthrough for an organization that often is seen by itself and others as a "provider of service to the poor."

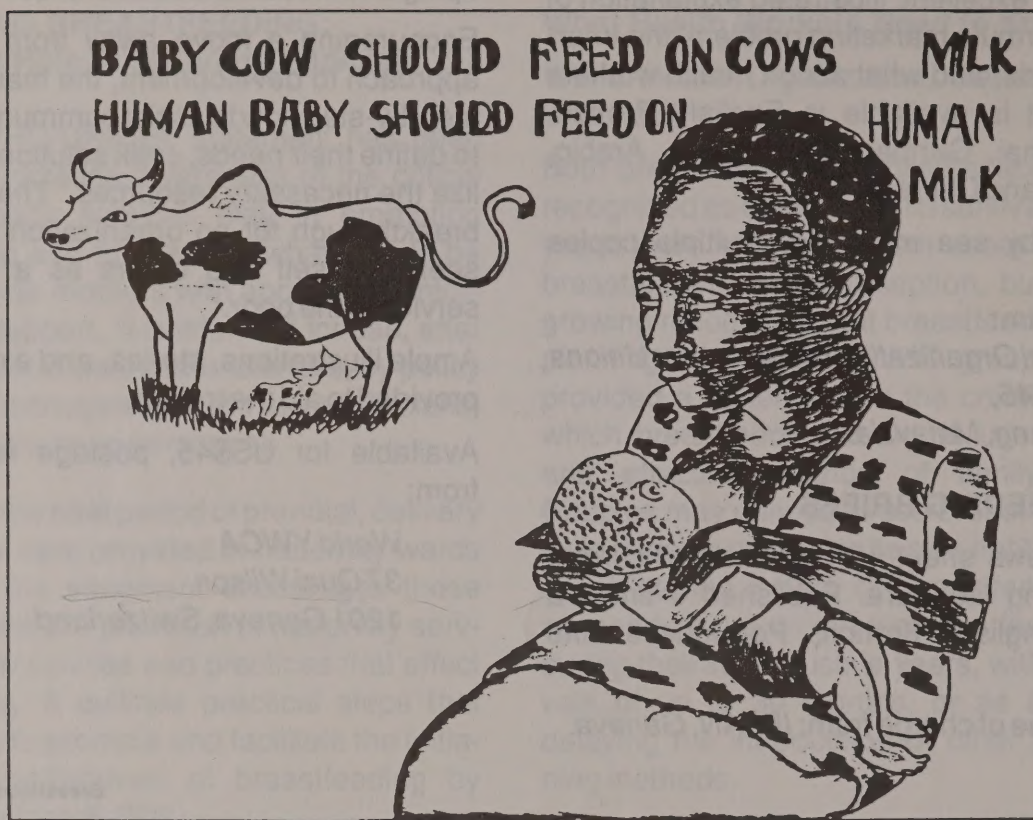
Ample illustrations, stories, and exercises are provided to aid the trainer.

Available for US\$45, postage not included, from:

*World YWCA
37 Quai Wilson
1201 Geneva, Switzerland*

Photo by Maria Viasa
Breastfeeding in Nicaragua





Mohamed Abdallah, Tanzania, aged 15

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